



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOWARD REGIONAL HEALTH

City of Hospital: Kokomo

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0007

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$182539938
Outpatient Patient Service Revenue	\$388272165
Total Gross Patient Service Revenue	\$570812103

2. Deductions From Revenue

Contractual Allowance	\$409959735
Other Deductions	\$1993203
Total Deductions	\$411952938

3. Total Operating Revenue

Net Patient Service Revenue	\$158859165
Other Operating Revenue	\$12284192
Total Operating Revenue	\$171143357

4. Operating Expenses

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Salaries and Wages	\$46473760	Employee Benefits	\$10833779
Depreciation and Amortization	\$7399965	Interest Expense	\$18640
Bad Debt	\$7160433	Other Expenses	\$81853350
Total Operating Expenses	\$153739927		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17403430	Total Assets	\$252789132
Net Non-operating Gains over Loss	\$5771877	Total Liabilities	\$23504417
Total Net Gains	\$23175307		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$293547945	\$244284884	\$49263061
Medicaid	\$112670534	\$88671322	\$23999212
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$164593624	\$78996732	\$85596892
Total	\$570812103	\$411952938	\$158859165

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1993203
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$440498	
HCI Payments	\$0		
Subtotal	\$0	\$440498	\$-440498
Medicaid Shortfalls	\$23999212	\$32441381	
Subtotal	\$23999212	\$32881879	\$-8882667
DSH Payments	\$0		

	Subtotal	\$23999212	\$32881879	\$-8882667
Medicare Shortfalls		\$49236061	\$64874096	
Other Government Programs		\$0	\$0	
	Total	\$73235273	\$97755975	\$-24520702

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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